| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 49 | 2/3/01 |
| FORMALITY REVIEW | Au | 946 | 04/10/01 |
| RESPONSE FORMALITY REVIEW | | | |

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| – (Through numeral)... Canceled | A ................................. Appeal |
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| Claim Final | Original | Date | | Claim Final | Original | Date | | Claim Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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